



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES February 12, 2015

Approved
5/14/2015

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT (cont.)	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., <i>Co-Chair</i>	Douglas Lantis, MBA	Alvaro Ballesteros, MBA	Carla Murphy
Ricky Rosales, <i>Co-Chair</i>	Rob Lester, MPP	Alex Castillo	Dave Young
Joseph Cadden, MD	Abad Lopez	Lilia Espinoza, PhD	
Raquel Cataldo	Miguel Martinez, MSW, MPH	Lynnea Garbutt	
Kevin Donnelly	Ismael Morales	David Giugni, LCSW	COMMISSION STAFF/CONSULTANTS
Michelle Enfield	José Munoz	Grissel Granados, MSW/ Maria Roman	
Dahlia Ferlito, MPH (<i>pending</i>)	Juan Rivera		Dawn McClendon
Suzette Flynn	Jill Rotenberg	Ayanna Kiburi, MPH	Jane Nachazel
Aaron Fox, MPM	Sabel Samone-Loreca/Susan Forrest	Patsy Lawson	Yeghishe Nazinyan, MS, MD
Terry Goddard, MA	Shoshanna Scholar	Marc McMillin	James Stewart
Joseph Green	Terry Smith, MPA	Angélica Palmeros, MSW	Nicole Werner
Kimler Gutierrez (<i>pending</i>)	LaShonda Spencer, MD	Mario Pérez, MPH	
AJ King, MPH	Monique Tula	Gregory Rios/ Jenny O'Malley, RN, BSN	
Lee Kochems, MA	Will Watts, Esq.		
Mitchell Kushner, MPH, MD	Fariba Younai, DDS	Terrell Winder	
Bradley Land	Richard Zaldivar		
PUBLIC			
Robert Aguayo	Ernesto Aldana	Jaime Alvarez	Tasia Anderson
John Barcelona	Traci Bivens-Davis	Aaron Celious	Efren Chacon
Martia Chono-Hildez	Geneviève Clavreu	Edd Cockrell	Oscar De La O
Whitney Engeran	Melissa Fisk	Leslie Frias	Thelma Garcia
Christina Ghaly, MD	Michelle Gonzalez	Lisa Goldstein	Carie Harter
Miki Jackson	Terri Jay	Andrew Jolivet, PhD	Mike Jones
Uyen Kao	Mitchell Katz, MD	Faith Landsman	Kiesha McCurtis
Glenford Morris	Aubrey Mosi	Sasha Navarro	Ron Osorio
William Paja	Juan Preciado	Craig Pulsipher	Daniel Robison
Martha Ron	Natalie Sanchez	Aanuu Shnoowt	Kevin Stalter
Billie Jean Wilkinsen	Rosalynd Williams	Jason Wise	Noe Zuñiga

Commission on HIV Meeting Minutes

February 12, 2015

Page 2 of 9

1. CALL TO ORDER: Mr. Rosales opened the meeting at 9:15 am.

A. Roll Call (Present): Cadden, Donnelly, Enfield, Ferlito, Flynn, Fox, Green, Gutierrez, Johnson, King, Kushner, Land, Lantis, Lopez, Martinez, Morales, Munoz, Rivera, Rosales, Rotenberg, Samone-Loreca/Forrest, Smith, Spencer, Tula, Watts, Younai, Zaldivar

2. APPROVAL OF AGENDA:

MOTION 1: Adjust, as necessary, and approve the Agenda Order (*Passed by Consensus*).

3. DEVELOPMENT OF A LOS ANGELES HEALTH AGENCY:

- Dr. Ghaly, Director, Health Care Integration, Chief Executive Office (CEO), presented on integration of the County Departments of Health Services, Mental Health and Public Health. The Board approved integration in concept on 1/13/2015 and requested a report back led by the CEO from those Departments, the Department of Human Resources and County Counsel on opportunities, drawbacks, proposed structure, implementation steps and timeline. The draft will be released 3/13/2015 for 30 days public comment including public hearings. The final report will go to the Board for review 5/12/2015.
- Departments would retain department status while being coordinated under a single agency to enhance integrated services, improve care, reduce gaps and improve coordination with the Long Beach and Pasadena Health Jurisdictions and other health organizations. The overarching purpose is to improve services provided through all the County's health-related Departments at point of care and population levels while allowing each Department to provide more of its good work.
- Dr. Ghaly noted multiple areas which could benefit by integration. For example, mental health and substance abuse services could be integrated at the point of primary care through co-location or through integrating the now separate case management services. There are some examples of co-location, but more coordination could help capture patients.
- Data on overlap of patient populations is not based on current populations and does not account for patients seen at contracted sites. Even a small overlap, however, would offer an opportunity to make a significant difference.
- Streamlining access to care would provide a single patient identifier, medical record number, referral pathway, registration process and patient financial screening all of which now differ per Department.
- Concerns have been raised about medicalization of the mental health recovery model. Dr. Ghaly felt integration could instead help integrate recovery model principles into physical health. Often patients may need education in principals such as wellness, hope and resilience more than they need tests and medications.
- The Health Agency could facilitate integration of population health into clinics while clinics could help inform population health activities, e.g., obesity, chronic disease prevention and acute communicable disease community based interventions.
- The County has many vulnerable populations, e.g., the homeless, post-incarcerated and transitional age foster care system youth. Such populations present challenges best addressed through a single vision and set of priorities and strategies.
- The Health Agency is being structured so as not to be duplicative, minimize bureaucracy and not add administrative costs.
- Distinct Department cultures can be maintained in essence while addressing management and organizational structure. The Departments would retain separate status, Directors and budgets, but report to the Health Agency Director to coordinate.
- Some 17 interdepartmental work groups were currently addressing various clinical and administrative topics. The groups include representatives from the three Departments and neutral facilitators. The CEO was also meeting with Departments directly as well as various stakeholders including commissions, external advocacy groups, consumer groups and nonprofits.
- Dr. Katz, Director, Department of Health Services (DHS), noted the Ryan White CARE Act was the first major integration of health care. Its reauthorization acknowledged keeping people healthy required more than primary care and medication, but included mental health and substance abuse treatment, housing, food, transportation, home care and other services.
- He views the three Departments as different approaches to achieve the goal of health rather than as being in conflict. Integration will help the Departments plan and move in the same direction while fully using their tools. It will help make sure everyone has the opportunity to take advantage of promising treatments like PrEP and new Hepatitis C treatments.
- Dr. Kushner, Health Officer, City of Long Beach, urged awareness of the Long Beach and Pasadena Health Jurisdiction. Long Beach relies on the County for mental health services which can be challenging. He also tries to work with the Long Beach Comprehensive Health Center. He hoped integration would improve coordination efforts.
- Mr. Land urged preservation of community planning to inform the Ryan White CARE Act goal of 100% access and zero disparity broadened to address public health as a whole for all County residents. He felt integration could provide an opportunity to create a more robust, competitive and agile procurement process. He expressed concern about a continued silo approach to services, e.g., My Health LA excludes PLWH. Integration should address such issues.
- Mr. Fox noted the Departments of Health Care Services and Mental Health have been merging on the state level, but questions remain from mental health advocates. He supported integration in principle. Execution should include continued

Commission on HIV Meeting Minutes

February 12, 2015

Page 3 of 9

stakeholder input especially from PLWH, LGBT and in particular those populations of color. He stressed using a health equity lens to identify populations and communities that need more support and coordination.

- Changes should only be made, as noted in the vision statement, if service delivery is enhanced. A streamlined RFP process among the Departments could reduce administrative barriers for clinics and providers, e.g., the Los Angeles LGBT Center has contracts with all three Departments and each has its own set of processes.
- Discussions started years ago on possible HIV prevention medicalization. That was now becoming reality so coordination between the Departments of Public Health (DPH), DHSP and DHS, as a key health care source, is even more important.
- Mr. Fox added the Commission's unique role, created by federal statute, includes determining allocations implemented by DHSP. Its Finance Division especially works closely with the Commission in a unique partnership that should be maintained.
- Mr. Zaldivar stressed the voices of people of color must be kept relevant in planning, prevention and service delivery. They are often the last at the table and find others speaking for them rather than listening to them.
- Ms. Scholar, a syringe exchange provider, was excited about integration as clients are often left out of traditional health care and prevention. Primary care is the best route for clients to access services, but they need support and often different models. General Linkage to Care staff can find clients challenging, but the community has expertise especially in peer led and developed services. Primary care settings can foster substance abuse, mental health and Hepatitis C treatment.
- California law has changed in ways that can improve access to Naloxone and syringes. San Francisco is now distributing Naloxone to pain medication patients in community health clinics. Integration could do that here and offer education.
- Mr. Gutierrez supported integration, but stressed the importance of implementation especially for communities with barriers such as language. DHS has been less responsive to such needs than the other two Departments. Coordination could be better, but seems best when staff from each Department are knowledgeable and committed to their distinct missions.
- Mr. Johnson supported community planning as a benefit to the County in publicly vetting development. The greatest opportunity is to develop an entirely new way to address chronic disease management. Patients can inform that process.
- It is important to ensure prevention has a path into primary care in the integrated model. There is some prevention expertise, but it is not consistently in the primary model. He felt establishing one unique patient identifier and medical record was a core deliverable, but should be expanded to include a health information exchange. That would allow patients from Federally Qualified Health Centers and community partner sites to access specialty care with a warm mutual hand-off.
- He added support to others calling for a unified, speedy and responsive integrated procurement process.
- Ms. Clavreu urged the Commission to due diligence and deliberation. The integration proposal was developed in closed session which she considered illegal. In 2004, she asked the Civil Grand Jury to identify the best approach to health care in the County. They supported a health authority run by medical advisors, not the Supervisors. She noted the DHS budget was many months overdue and the LAC+USC Medical Center's grade has declined from a B to D.
- ➡ Shoshanna Scholar volunteered to assist CEO Health Care Integration work groups with areas such as housing, syringe exchange, Naloxone and improved consumer health education such as through patient meetings at clinics.
- ➡ Commission members may contact Mr. Johnson, Mr. Rosales, Ms. McClendon or Ms. Werner to join the Commission's Health Integration Work Group.
- ➡ Dr. Ghaly can be contacted directly for questions or comments at cghaly@ceo.lacounty.gov.

Motion 1A: (Watts/Land): Create the Health Integration Work Group of the Commission on HIV to respond to the Board of Supervisors January 13, 2015 motion regarding consolidation of the Departments of Health Services, Mental Health and Public Health into a single department. As a result of time constraints, authorize the Health Integration Work Group to make such response without further action from the full Commission, provided that such Work Group's proposals are consistent with the principles outlined below and the Work Group reports to, and receives the prior consent of, the Commission's Executive Committee. Principles are:

1. We would like to ensure 100% access to care;
2. More rapid, nimble procurement process employing existing best practices;
3. Respond to emergency and emerging unmet need more effectively;
4. Effective coordination of resources to improve service delivery which entails assessment of existing resources to identify efficacy and gaps;
5. Improve health outcomes by retaining people in care (**Passed by Consensus**).

4. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 10/30/2014 Commission on HIV meetings, as presented (**Passed by Consensus**).

5. PUBLIC COMMENT (Non-Agendized or Follow-Up):

- Ms. Landsman spoke as a community member who has lost many friends to HIV. She estimated 1,700 new HIV infections annually in the County yet, though Truvada was approved for pre-exposure prophylaxis in July 2012, people at her speaking engagements consistently are unaware including those at risk and drug and alcohol counselors. The Los Angeles LGBT Center has a PrEP waiting list of 100 people. If this was 1990, there would be advocacy. We are sacrificing people.
- There is some action, but it is not fast enough. Seattle and New York were far ahead. She urged the Commission to lead.

6. COMMISSION COMMENT (Non-Agendized or Follow-Up):

- Ms. Forrest announced the HIV Drug and Alcohol Task Force will host its annual Network and Nosh for service providers 3/27/2015, 9:00 am to 3:00 pm, at Cri-Help. Agencies will briefly describe programs and Mr. Rosales will discuss the Commission. The free event includes lunch. For information or to reserve a resource table contact <http://hivdatf.org>.
- Mr. Smith read into the record a letter from the Los Angeles County PrEP and PEP Work Group to Mr. Pérez and presented at the last Health Deputies meeting. The letter calls on DHSP to promptly implement a comprehensive program to increase education, awareness and access to PrEP and PEP for individuals at risk for HIV in the County.
- It also calls on the Board, DHS and DPH to fully support DHSP's efforts. It notes, when implemented appropriately, PrEP and PEP support increased engagement with health care providers that will prevent other STDs and promote overall health.
- Dr. Cadden commented the DHS HIV Best Practices Committee is writing a similar letter to the Board and DHSP.
- Mr. Fox said Public Policy has also been addressing PEP/PrEP and will discuss it in its report. Mr. Zaldivar added sometimes the processes of bureaucracy frustrate Commission members, but they are concerned and moving work forward.
- Ms. Samone-Loreca has begun working with the Friends Community Institute Research Program. Its Alexis Project is designed to bring PLWH trans women of color into care. Clients are either newly diagnosed or have been out of health care for four months. The Project transports the women to and from their primary care provider and helps address barriers, e.g., with help in obtaining identification or birth certificates. Friends Institute also developed community friendly posters of two HIV+ trans women talking about HIV+ health. The posters increase visibility and comfort for trans women at provider sites.

7. HIV COMMUNITY COLLOQUIA SERIES: INDIAN BLOOD: CRITICAL INTERVENTIONS IN MIXED-RACE IDENTITY AND HIV:

- Dr. Jolivette, Associate Professor and Chair, American Indian Studies Department, San Francisco State University presented the colloquium on Indian Blood: Critical Interventions in Mixed-Race Identity and HIV, a study of the intersections of gender, sexuality, mixed race identity and HIV. Colloquia are co-sponsored by the Commission and the UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS). Videos are posted on the CHIPTS website.
- Mr. De La O encouraged the Commission to consider the data as applicable to the Latino/a community and other people of color who also need life affirmation. Many studies show similar outcomes. Victims of sexual violence, racism, isolation, depression and/or homophobia may require a range of prevention models including counseling and support groups.
- Ms. Enfield said it is estimated that 54% of Native American PLWH are not in care. Many Red Circle Project participants have been lost due to stigma including from participants' families who often lack basic HIV education.

9. CO-CHAIRS' REPORT:

A. Los Angeles Health Agency: There was no additional discussion.

B. Post-ACA Ryan White Funding:

- Mr. Johnson noted a letter in the packet questioning DHSP's investment in Ambulatory Outpatient Medical (AOM) from AIDS Healthcare Foundation (AHF) to Mayor Michael Antonovich, Board of Supervisors, and a response from DPH. These were for informational purposes and to inform PP&A's later Priority- and Allocation-Setting (P-and-A) review.
- Speaking as a long-standing Commission member, Mr. Johnson said he was repeatedly troubled that a dispute between a provider, AHF, and DHSP continues to absorb energy, effort, time and resources by the Commission. He would appreciate in the dialogue if the Commission were left to do what it does best - plan services for the community, obtain community input and make the services available as effectively and efficiently as possible to improve health outcomes.
- Disputes arise and he supports the dispute resolution process, but it should remain between the provider and County Department that issues contracts, not constantly before the Commission. He underscored AHF management knows the Commission process and that funds redirected from one service category to another is not reduced funding. The Commission invests to address service gaps based on data. That process should be respected.
- Mr. Fox noted contracts are not in the Commission's purview but, for informational purposes, the Board unanimously approved the motion on contract renewals and amendments. He urged spending as little time as possible on this issue.

- Mr. Engeran understood people did not always agree with AHF, like its statements or when it disagrees with the County. He hoped people realized AHF was not only one of the County's largest providers for PLWH, but it also subsidizes that care by \$5 to \$6 million annually. It is also contracted to provide 25,000 HIV tests annually, but provides 50,000, identifies hundreds of PLWH and links them to appropriate care with AHF or other providers.
- He urged the Commission not to focus on the 1% of the time it disagrees with AHF. AHF raises issues because it works in 13 states and sees other processes, e.g. three-page long contracts or funds swept quarterly from one service to another rather than large contracts enacted at the last minute. AHF feels some such processes can improve services.

10. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT: There was no report.

11. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG):

- Mr. Rivera reported the CPG will hold its third in-person meeting on 3/11/2015 in Sacramento. The meeting will be open to the public and there will be an opportunity for public comment. Information about the meeting and the public comment opportunity is available on the OA website at www.cdph.ca.gov/programs/aids/pages/oacpg.aspx.
- Mr. Smith asked if the CPG was addressing ending the AIDS epidemic. Mr. Rivera replied the focus for the last two meetings has been to finalize and approve the integrated care plan. The next meeting will identify a new focus.
- ➡ Dawn McClendon will distribute the CPG address which is located on the OA website.

B. OA Work/Information: No representative was available, but a written report was in the packet.

12. PARLIAMENTARY TRAINING: There was no report.

13. STANDING COMMITTEE REPORTS:

A. Planning, Priorities and Allocations (PP&A) Committee:

- Mr. Land noted the annual Commissioner Pledge to the Fiscal Year (FY) 2015 Priority- and Allocation-Setting Process in the packet. Commission members annually pledge their active and objective engagement in supporting decisions that reflect a comprehensive appreciation of client needs, service demands and programmatic efficiency and effectiveness. Staff collected forms at the end of the report.
- Commission members stated their conflicts-of-interest prior to discussion of matters pertaining to allocation motions.

1) FY 2014 Financial Expenditures:

- Mr. Young, Chief, Finance Division, DHSP, reviewed schedules for Ryan White (RW) and other related funding. RW schedules reflect actual expenditures through 11/30/2014, estimates through the end of FY 2014 and variances.
- The total RW Part A grant was \$36,692,272. DHSP projects it will be fully maximized. Variances overall were small with the largest for Oral Health, an estimated \$89,971 over its total \$3,010,925 allocation.
- The RW Part B (SAM Care) grant was initially \$8.4 million, but was reduced by \$600,000 to \$7,831,209 during the term. DHSP absorbed the cut in administrative funds to maintain services. DHSP projects it will be fully maximized.
- The YR 24 Minority AIDS Initiative (MAI) grant was \$3,264,249. DHSP has determined it would not be possible to maximize this grant in YR 24. It has requested HRSA approve rolling over \$2.5 million in unspent dollars to YR 25. Providers with contracts originally identified to be funded by MAI continue to submit invoices, but expenditures are being charged to Parts A or B in order to maximize them. Funds cannot be rolled over from Parts A or B.
- The Summary schedule includes RW Parts A/B, MAI and other funding sources for service categories supported by HRSA, e.g., AOM includes ADAP which receives \$530,788 from the state for administrative costs. Column 5 identifies \$11,300,289 in Net County Cost (NCC) dollars used for HRSA service categories, e.g., \$85,335 funds Mental Health Psychotherapy services for HIV- clients ineligible for HRSA funding. The largest allocation is to Residential Services at \$4,601,840. NCC also funds \$4 million in administrative and \$1.5 million in litigation costs.
- Ms. Jackson understood this was a difficult time and the Commission does as well as it can, but felt it unrealistic and imprudent to uphold the County as the best US jurisdiction in every way. Innovations from across the country should be reviewed to identify those that might improve one or another County process.
- She was concerned that the last presentation on multiple FY 2014 allocation revisions was in July 2014 and that the Assessment of the Administrative Mechanism had not been completed in several years. AHF objects to use of any RW or related NCC funds for HIV- services and prefers all funds follow RW priorities and allocations.

Motion 3: Approve FY 2014 financial expenditures, as amended at the January 20, 2015 PP&A Committee meeting (*Passed by Consensus*).

2) FY 2014 Revised Percentages for Ryan White Parts A and B:

- Mr. Land noted the second motion specifically approves the revised allocation percentages (Column 3). Service categories such as Medical Care Coordination and Nutrition Support were increased to absorb underutilized funds.
- Mr. Fox offered context on AOM, service utilization and how patients receive primary care. Providers should be aware a decrease in RW AOM patients was supposed to happen especially during specific time periods, e.g., when patients could migrate from RW to the Low Income Health Program, then to Covered California and, hopefully in January 2016, when a fully functional OA-HIPP wraps-around insurance to pay all nonhospital out-of-pocket costs.
- The Early Treatment for HIV Act, introduced in the Senate in 2007, was one of many efforts starting in 1999 to provide an option for states to enroll low-income PLWH in Medicaid. The consistent trend and goal of health reform, well before ACA, has always been to move PLWH from RW, discretionary government funding always under attack, to programs that were often fiscally more stable, were entitlements and provided comprehensive care beyond RW services, e.g., for hospitalization, a broken arm and broader formularies.
- There will be more difficult planning discussions in 2016 as OA-HIPP starts covering more Covered California costs. The Commission will need to evaluate AOM funding for current, not historical, need versus other services. It is important to keep in mind, however, that this was supposed to happen and, ideally, is a good thing.

Motion 4: Approve FY 2014 revised percentages for Ryan White Parts A and B, as presented at the January 20, 2015 PP&A Committee meeting (*Passed: 25 Ayes; 0 Opposed; 1 Abstention*).

3) FY 2014 Priorities and Allocations for Ryan White Parts A and B FY 2015 Baseline Allocations:

- Mr. Land reported PP&A recommended using the FY 2014 allocations and priorities as a baseline for FY 2015 while PP&A continues to review migration trends, utilization patterns and identify gaps and service needs.
- Approximately 40 ideas were developed in an October/November 2014 brainstorming process to assess gaps and enhanced service delivery. DHSP was reviewing items and will report on them at the Match PP&A meeting.
- This is the first time PP&A has engaged in such a broad, systemic planning process. PP&A hoped the RW award would be received by May or June to help frame investments based on a flat, increased or decreased award. PP&A will also review the role of MAI funding which will be larger than usual due to the roll-over of funds from FY 2014.

Motion 5: Adopt FY 2014 allocations and priorities for the FY 2015 Ryan White Parts A and B baseline allocations, as amended at the January 20, 2015 PP&A Committee meeting (*Passed: 26 Ayes; 0 Opposed; 1 Abstention*).

- 4) Medical Care Coordination (MCC) Data Update:** PP&A routinely hears updates on various services to inform its Priority- and Allocation-Setting Process.. The PowerPoint in the packet was heard 1/27/2015.
- 5) Ambulatory Outpatient Medical (AOM) Data Update:** Also heard 1/27/2015, PP&A requested input from DHSP's Medical Advisory Committee on PowerPoint follow-up questions. Input is anticipated for the 2/17/2015 meeting.
- 6) City of Long Beach Service Utilization Data:** Data was received after the 1/27/2015 meeting. The subject has been rescheduled for the 2/17/2015, 1:00 to 4:00 pm, meeting.

B. Operations Committee:

1) Membership Drive Update:

- a) Membership Selection Work Group:** Mr. Green reported the Work Group met for four hours on 2/11/2015. It will meet next week to prepare the final slate for presentation to the Executive Committee.
- 2) Proposed Policy: Meeting Minutes:** Operations reviewed minutes format suggestions from Mr. Stewart and made some revisions. Operations will review the revised format at its next meeting and then forward it to Executive.
- 3) Comprehensive Training Program (CTP):**
 - a) Training Work Group:** The Work Group will initiate review and revision of the CTP at its 2/13/2015 meeting.

C. Public Policy Committee: Mr. Land asked about RW CARE Act reauthorization. Mr. Fox responded the consensus among AIDS organizations seemed to be that the political environment was not a good one. That did not mean a lack of interest in modernizing the Act to reflect ACA, coordinated care and biomedical interventions, but there was no consensus to act now.

1) Legislative Docket 2015:

- Mr. Fox reported Public Policy will review new legislation and develop position recommendations after the 2/28/2015 legislative calendar submittal deadline. Docket positions are reviewed on an ongoing basis. Coordinating advocacy with the legislative calendar offers the best opportunity to influence the legislative process.
- Budget hearings start in March. The California HIV Alliance will meet with budget staff prior to hearings on reinvestment in public health programs especially HIV prevention, care, housing and other services cut in 2009.

2) Savings Access (AB 1743):

- Ms. Scholar reported prior law capped how many syringes a person could have for personal use. The primary reason people do not follow the CDC recommendation of one new syringe per injection is fear of legal issues.
- AB 1743, effective 1/1/2015 to 1/1/2021, eliminates the prior cap on the number of hypodermic needles and syringes that can be distributed by a physician or pharmacist to a person 18 years of age or older for personal use.
- While the law focuses on health care professionals, the change opens the door to a discussion on relaxing syringe exchange access site restrictions. Alessandra Ross, MPH, Injection Drug Use Specialist, OA, California Department of Public Health will address syringe access at the 2/25/2015 Public Policy meeting and at the Commission in May.

3) PEP/PrEP Update:

- Public Policy discussed scaling up PEP and rolling out a PrEP program in the County. It felt the bureaucratic structure was not responding with due urgency and developed two action requests from DHSP.
- First, Public Policy requested DHSP and Commission members jointly meet with each Board Office to answer questions and provide education. Second, Public Policy requested DHSP present to the Health Deputies on the expansion of PEP and PrEP roll-out during one of their weekly agenda reviews.
- Messrs. Fox and Zaldivar, Co-Chairs, met with DHSP staff 2/11/2015 and DHSP agreed to both requests. They anticipate the Health Deputies presentation will be in mid- to late March. Board Office meetings will follow. DHSP liked and was very supportive of the strategy. Community support such as the letter Mr. Smith read was helpful.
- Mr. Johnson thanked Messrs. Fox, Zaldivar and the Committee for their advocacy and education on this issue
- ➡ Public Policy requested an update from DHSP regarding progress on PEP/PrEP implementation plans.

D. Standards and Best Practices (SBP) Committee:

- 1) Patient Choice Work Group:** The Commission Co-chairs attended the 1/15/2015 SBP meeting and requested SBP review the relationship between patient choice and health outcomes. A Patients' Choice Work Group has started work, will meet after the Commission and before the 2/19/2014 SBP meeting. SBP will report to the Commission in March.
- 2) Standards of Care Publication Update:**
 - Dr. Younai noted publication of the current set of 29 Standards of Care (SOCs) was originally delayed with the intention of merging and reconfiguring them to better reflect the new health care landscape including ACA implementation. However, SOCs are needed now as a reference to influence system changes.
 - Consequently, SBP has prioritized publishing the current set which is nearly ready. It will be reviewed for consistency and contributors' names are being compiled to acknowledge their work. It should be done shortly.
 - The work of merging and reconfiguring the SOCs will continue going forward.
- 3) Meeting Time Change to 10:00 am to 12:00 noon:** Dr. Younai reported much of SBP's work will be addressed through work groups. To facilitate that work, the SBP Committee meeting time will move back one hour to 10:00 am to 12:00 noon and work groups will meet from 8:00 to 10:00 am.

14. TASK FORCE REPORTS:

A. Comprehensive HIV Planning (CHP) Task Force:

- The Task Force has suspended meetings while its final report is reviewed by the Executive Committee. Some recommendations such as a leadership retreat are more appropriately addressed at the Executive level. Executive will review recommendations and report, as appropriate, to the Commission.
- The Task Force will re-initiate meeting to address the Comprehensive HIV Plan after further Executive direction.

B. Community Task Forces: There were no reports.

15. CAUCUS REPORTS:

A. Transgender Caucus:

- 1) New Horizons: A Comprehensive Path to Trans Health - June 30, 2015:** The Caucus will host its first Trans Health Summit, a full day event, on 6/30/2014 at St. Anne's Maternity Home. Details to follow.
- 2) 2015 National Transgender Health Summit:** The 2015 National Transgender Summit will be 4/17-18/2015 at the Oakland Marriott City Center, Oakland, CA. Early bird registration has opened.
 - a) Unaffiliated Consumer Applications for Commission Sponsorship Due 2/15/2015:** The Commission may sponsor one or two unaffiliated consumers. The sponsorship application, due 2/13/2015, was in the packet.

B. Consumer Caucus: The Caucus met after the Commission meeting.

C. Youth Caucus: There was no report.

16. HOPWA REPORT: Mr. Rosales noted the Housing and Community Investment Department, City of Los Angeles, released a public notice for the HOPWA RFP that day. The pre-bid deadline was 2/23/2015. Copies of the notice were on the resource table. For further information contact Suzette Flynn.

17. CITY/HEALTH DISTRICT REPORTS:

- City of Los Angeles: The City Council approved formation of a City Health Commission of 15 people appointed by the various City Council Members. It will be located in the City Clerk's Office for the time being and have one staff person. The first year will be formative. Ultimately, Commission members will attend all health related meetings in the County and report to the City Council on how services benefit City residents. Contact Mr. Rosales for referrals.
- City of Pasadena Health Jurisdiction: Dr. Ying-Ying Goh was appointed Health Officer the prior week.

18. SPA/DISTRICT REPORTS: SPA 4: Ms. Rotenberg announced the next Service Provider Network meeting will be 2/19/2015, 12:00 noon, at Children's Hospital. Call JWCH to RSVP or for additional information at 323.201.4516, extension 3029.

19. AIDS EDUCATION/TRAINING CENTERS (AETCs):

- A. Under One Roof: HIV, TB and Housing:** The Los Angeles Pacific AETC with Curry International Tuberculosis Center, UCSF, will present Under One Roof: HIV, TB and Housing on 2/17/2015, 9:00 am to 3:15 pm, at the California Endowment.

20. COMMISSION COMMENT: Mr. Zaldivar hears challenges to the Commission's decision-making ability and thinks how many in the closet or HIV+ lack self-confidence. Commission members should honor their and staff's work. It is a community leader.

21. ANNOUNCEMENTS: Mr. Gutierrez announced API Equality LA annually organizes the LGBT contingent of the Lunar New Year Golden Dragon Parade in Chinatown. All were invited to join next week's celebration, bring organizational banners, receive a free T-shirt and enjoy a 10-course banquet afterwards. For more information go to APIEqualityLA.org.

22. ADJOURNMENT: The meeting adjourned at 12:40 pm.

- A. Roll Call (Present):** Cadden, Cataldo, Donnelly, Forrest, Fox, Goddard, Green, Gutierrez, Johnson, King, Kochems, Kushner, Land, Lantis, Lester, Lopez, Martinez, Morales, Munoz, Rivera, Rosales, Rotenberg, Smith, Spencer, Tula, Watts, Younai, Zaldivar

Commission on HIV Meeting Minutes

February 12, 2015

Page 9 of 9

MOTION AND VOTING SUMMARY

MOTION 1: Adjust, as necessary, and approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
Motion 1A: (Watts/Land): Create the Health Integration Work Group of the Commission on HIV to respond to the Board of Supervisors January 13, 2015 motion regarding consolidation of the Departments of Health Services, Mental Health and Public Health into a single department. As a result of time constraints, authorize the Health Integration Work Group to make such response without further action from the full Commission, provided that such Work Group's proposals are consistent with the principles outlined below and the Work Group reports to, and receives the prior consent of, the Commission's Executive Committee. Principles are: 1. We would like to ensure 100% access to care; 2. More rapid, nimble procurement process employing existing best practices; 3. Respond to emergency and emerging unmet need more effectively; 4. Effective coordination of resources to improve service delivery which entails assessment of existing resources to identify efficacy and gaps; 5. Improve health outcomes by retaining people in care.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 10/30/2014 Commission on HIV meetings, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
Motion 3: Approve FY 2014 financial expenditures, as amended at the January 20, 2015 PP&A Committee meeting.	<i>Passed by Consensus</i>	MOTION PASSED
Motion 4: Approve FY 2014 revised percentages for Ryan White Parts A and B, as presented at the January 20, 2015 PP&A Committee meeting.	Ayes: Cadden, Cataldo, Fox, Goddard, Green, Johnson, King, Kochems, Kushner, Land, Lantis, Lopez, Morales, Munoz, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Spencer, Tula, Watts, Younai, Zaldivar Opposed: None Abstentions: Lester	MOTION PASSED Ayes: 25 Opposed: 0 Abstention: 1
Motion 5: Adopt FY 2014 allocations and priorities for the FY 2015 Ryan White Parts A and B baseline allocations, as amended at the January 20, 2015 PP&A Committee meeting.	Ayes: Cadden, Cataldo, Donnelly, Fox, Goddard, Green, Johnson, King, Kochems, Kushner, Land, Lantis, Lopez, Morales, Munoz, Rivera, Rosales, Rotenberg, Samone-Loreca, Scholar, Smith, Spencer, Tula, Watts, Younai, Zaldivar Opposed: None Abstentions: Lester	MOTION PASSED Ayes: 26 Opposed: 0 Abstention: 1